

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Pure Dental Care - Totnes

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Pure Dental Care Limited
Registered Manager	Miss Sarah Harding
Overview of the service	Pure Dental Care provides mainly private dental treatment for adults and children. The practice is one of four in the organisation Pure Dental Care Ltd. There are seven dentists, two of which are the providers and two dental hygienists.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

We also spoke with the area manager and manager of the practice.

What people told us and what we found

We spoke with four patients who attended the practice. Patients told us they were very happy with the treatment and service they received. One patient said "They are all lovely. I have recommended many of my friends and neighbours to come here." Another patient said "I feel in safe hands here."

We sat with two patients whilst they received their treatment. The dentists were very thorough, explaining possible complications and options. The dentists and dental nurses were also reassuring, providing comfort to anxious patients.

Patients told us that all consultations were performed in the privacy of the dental surgery, where confidentiality was maintained.

The surgery was well maintained, clean and hygienic. Patients told us they were satisfied with the level of cleanliness at the dental practice. Because of the age and location of the building, the surgery may not be accessible for patients with significant mobility disabilities. However, staff have systems in place to help patients see a dentist wherever possible.

Patients were given opportunities to express their opinion of the service they received.

Staff were well qualified and systems were in place to ensure staff kept their knowledge up to date. This included safeguarding and child protection training.

There were systems in place to identify, assess and manage any health and safety risks for patients who use the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with four patients who attended the practice. They all told us they were very pleased with the service they received and felt fully involved in their treatments. Two of the people said they had joined the practice after receiving emergency treatment there. One person said "My old dentist would not see me one Christmas Eve, so I was recommended here. They fitted me in quickly and I have not looked back since." People told us that they were given clear explanations about what treatment they required. One person said "I get a written quote and I get lots of options, not just the most expensive one."

Patients told us that all consultations were performed in the privacy of the dental surgery, where confidentiality was maintained.

Patients told us the dentists took their time to explain the treatment they were receiving.

Patients told us that their appointments "rarely" ran over time or did so "only by a few minutes. One patient said "Actually, it's a pleasant experience waiting because they have a wide selection of current papers and magazines and comfortable chairs."

Patients appreciated the friendly approach shown by the dentists. One patient said "They always ask about what is going on and he remembers what I told him at the last appointment."

We saw that access to the practice was not entirely level. There was one small step leading to the practice. Toilets were situated on the third floor. Staff explained that the building was listed so adaptations were not easy. We were told that should a person need a fully accessible toilet they were directed to the disabled public toilets across the road. However, should people with mobility issues not be able to climb the stair case at the surgery, the dentists swap to the ground floor surgery to see the patient.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Patients who used the service told us they were very happy with the treatment and service they received from the dental practice. One patient said "They are all lovely. I have recommended many of my friends and neighbours to come here." Another patient said "I feel in safe hands here."

We sat with two patients whilst they received their treatment. The dentists were very thorough, explaining possible complications and options. The dentists and dental nurses were also reassuring, providing comfort to anxious patients. For example, we saw a dental nurse hold the hand of one anxious patient as they received an injection.

There were TV screens on the ceilings of two surgeries. These were showing relaxing nature programmes to help reduce anxiety.

We also saw one child anxiously walk in to another dental surgery. However, when they left the room they were smiling and appeared relaxed following their treatment.

Patients said it was easy to get both routine and emergency appointments. Patients also told us that if they needed to cancel an appointment it was easy to reschedule.

Patients told us there was a hygienist at the surgery who was available for preventative treatment and oral health information. We saw teaching aids to help dentists describe treatment and oral health care. For example there was a large tooth brush and set of teeth to show patients how to correctly brush their teeth. There were patient information leaflets for patients to take.

Patients we spoke with told us they were asked for their medical history at their first appointment. We observed they were then asked for an update each time they visited. We read the paper and electronic dental records of two patients. The records had details of patient's medical history and notes of important information, such as allergies or specific health information. This meant staff had the information when providing treatment and knew how to keep the patient safe.

We looked at two sets of records that showed the details of discussions held with patients. These also contained information about the course of treatment the patients had agreed to

have, including the financial quote.

The manager explained that the practice does provide a limited amount of NHS care, but NHS patients were usually referred to the other practice in the organisation which was also located in Totnes.

Patients told us they knew the cost of their treatment before they received it. One patient said "I always get a quote and sometimes it's less than the quote."

Staff explained they do not use a treatment called conscious sedation at the practice. This is a way of removing anxiety of a patient using a sedative. This would require additional regulations and staff training. Staff explained any patients who require this are referred to another dentist for treatment.

We saw that the practice had emergency equipment. This included an emergency drug kit, oxygen and an Automated External Defibrillator (AED). Records showed that the oxygen and AED were checked daily to make sure they were in full working order. We saw evidence that the emergency drug kit and equipment were checked on a regular basis.

We saw that the emergency drugs were stored appropriately.

Every dental practice with radiographic (x-ray) equipment is required to provide a set of "local rules". These record all the working practices dentists must follow to ensure that they were safe when working with radiation and that they comply with the various regulations governing radiation in dentistry. We saw systems in place to ensure the safe operating of the X ray equipment in each of the seven surgeries. This included details of the person responsible for maintaining this safely.

Clinical waste was well managed at the dental practice. Contracts and systems were in place for the safe storage and collection of clinical waste.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with people using the service but their feedback did not relate to this standard.

Dentists and dental nurses we spoke with knew and understood their responsibilities to identify and report potential abuse or neglect of vulnerable adults or children (safeguarding). The staff described the correct process they would follow to report their concerns. We were told that it was the policy for staff to report any allegations to the practice manager. Information was available for staff if they needed to report concerns to other external agencies. The practice manager was also aware of the correct way of reporting allegations.

Posters were displayed in each surgery. These contained flow charts showing what procedures staff needed to follow if concerns were raised if a child or vulnerable adult's welfare was of concern.

Staff told us that additional information and policies were available on the organisational intranet and in the staff reading file.

We looked at two staff files which showed that the practice had ensured applications for criminal records checks had made on staff. This was achieved by ensuring all staff completed a criminal records bureau check to show they were suitable to work with vulnerable adults and children.

The practice manager demonstrated an awareness of The Mental Capacity Act 2005 (MCA). This is the law that protects the rights of people who lack capacity to make their own decisions about their care and treatment. Staff had attended training in the safeguarding of vulnerable children and adults.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Patients told us they were satisfied with the level of cleanliness at the dental practice. Two patients independently without prompting said the practice was "spotless."

Patients also said that staff always wore gloves when providing treatment and that they were asked to wear protective goggles whilst receiving treatment.

We saw hand washing facilities for patients which included liquid soap and paper hand towels.

We saw the practice was well maintained and clean. Staff we spoke with had a good understanding of infection control procedures. During our observations we saw staff clean the surgeries between patients to reduce the risk of infection. We saw many cleaning schedules and audit checks to show cleaning checks were done on a regular basis.

Staff wore appropriate personal protective clothing and equipment. They demonstrated a good understanding of when it needed to be changed to reduce the risk of cross infection.

The "Health Technical Memorandum 01-05: Decontamination in primary care dental practices" (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We saw that the staff at the surgery were meeting the practice described in this document.

We saw that this sterilisation process was restricted by the size, shape and layout of the 'Listed' building. We saw that each of the seven surgeries carried out their own decontamination of instruments. The manager explained that because of the building the providers knew "the decontamination process was not the best it could be", but explained there were plans to build a purpose built sterilisation room to the rear of the premises.

Five separate staff showed us how instruments were decontaminated and then went through the sterilisation process. We saw that there was a clear flow from dirty to clean to prevent cross contamination. We saw that there was a sink used for decontamination purposes. We saw that the instruments were cleaned manually in the 'cleaning' sink first and inspected under an illuminated magnifying glass. They were then transferred to the ultra sonic bath.

We saw that following the ultra sonic bath instruments were then checked again under an illuminated magnifier, which checked for any debris or damage on the instruments. Staff explained they were then sterilised, packaged and dated with the appropriate expiry date. This shows that staff could monitor that equipment was suitable for use.

We were told the practice had filters on drainage systems to collect any amalgam, to prevent it going into the environmental waste streams, meaning harmful matter would not be released into the environment.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Patients told us that they thought all the staff were "wonderful" "superb" and "professional". One patient said "I like coming here and I think the staff like working here. They are always cheerful."

We saw effective systems in place to highlight staff training needs. There were regular programmes of mandatory training and systems for staff to update their knowledge. Staff told us they felt supported to attend any training and thought the training provided was "very good."

Records showed that all staff had received training in fire safety and safeguarding training. We saw that emergency life support training was being provided the day after our inspection.

Registered dentists and dental nurses were expected by their professional regulator to keep their skills and knowledge up to date in order to give patients the best possible treatment and care. We saw a schedule of training and updates that had been undertaken by both dentists and all dental nurses to achieve this requirement.

Staff said they felt supported. Staff also told us the practice manager was "really good and supportive." The dental nurses said the dentists were also approachable.

Staff talked of a "supportive atmosphere" and "great team work." Staff explained they had weekly meetings because the manager works across two practices in the town. Staff explained it was "really good to chat about what is going well and what we need to change." Staff also said they could go to the manager at any time about anything. One member of staff said "The manager and the dentists are really good. You can go to them about anything."

New staff were expected to undergo a formal induction programme and complete a competency assessment. We saw this programme had checklists in place to show that all information had been given. For example the induction included information on "Work arrangements" including fire safety procedures and location of emergency procedures. There was also information about "The job" which included code of conduct, training,

complaints management and data protection. We saw that the competency assessment was a more detailed workbook which was completed by the member of staff and their mentor. This included checks that staff were competent with the clinical aspects of work, stock control, infection control procedures and customer service.

We noted that there was supportive culture for further education. We saw newly qualified dentists were supported and mentored whilst working at the practice. New dental nurses were supported to achieve a dental nurse qualification.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

None of the patients we spoke with had been asked to complete a survey about the service they had received although one patient requested one to give to us following their child's appointment. This read "X is a wonderful dentist, so kind and patient with my daughter. Instils her with confidence and has enabled her to conquer her nervousness. I am really grateful to have such a competent and kind dentist."

The manager explained that they were in the process of conducting a patient survey for patients who had completed a course of treatment. The manager explained this was to see whether they had received options and adequate information. We looked at the first batch of these surveys. There were no negative responses, although one was illegible. One comment read "My dentist is very efficient and understanding- completing the work to the highest standard without unnecessary extra dental work. I am very happy with my dentist."

There were complaints procedures displayed on the walls of the practice. Patients we spoke with knew who to speak with if they were unhappy about their care although one patient said "I've never looked to see how to complain as I can't ever see needing to get that far. If there was a problem I would either phone or ask to speak to someone."

We saw the practice was organised and well run. The practice employed a practice manager to perform administration tasks. We saw this included a quarterly audit to review policies, perform environmental checks, monitor audits of equipment and performing staff appraisals. We also saw that scheduling training was also included in this system.

Dental staff had robust systems for checking aspects of safety at the practice. Examples included calibration of sterilisation equipment, audits of X ray equipment, checks of medication and emergency treatment tests. We saw records of the quarterly self assessment of the decontamination processes that had been performed. These show that staff have systems in place to check the safety and effectiveness of the service provided.

We saw that formal staff meetings were held on a weekly basis to discuss what has gone well and what was needed to improve the practice. Staff said this was working well and a great opportunity to encourage each other. We saw the records of these meetings were displayed on the staff room wall. These showed that environmental repairs, staffing issues

and training were all discussed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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